



MONTHLY REPORT OF CIGARETTE WHOLESALER

FOR DEPARTMENT USE ONLY

_____/ 1 2 / ____ / ____
Account Number Tax Mo. Yr.

Name and Address of Wholesaler _____

Month of _____

License Number _____

INSTRUCTIONS: ● Complete all items for your residency status, since failure to do so renders this report **unacceptable** (residents complete all columns, nonresidents complete Unstamped Packages column and column (a)). ● Note requested information and certification on page 3 of this form. ● Attach remittance for the Cigarette Enforcement and Administration Fee computed due on line 15. ● Make check payable to **Kentucky State Treasurer**.

► **IMPORTANT:** This report shall include cigarettes in one size package. Different size packages require separate reports. Check applicable block for this report. Packages of cigarettes referred to in Section I must be of uniform size insofar as quantity of cigarettes per package is concerned.

Packages of: ☐ 20's ☐ 25's ☐ Other _____

SECTION I—Packages of Cigarettes

Summary of Transactions

1. Balance on hand first day of month.....
2. Total received during month (complete Schedule A).....
3. Total (add lines 1 and 2).....
4. Total stamped during month.....
5. Balance in columns.....
6. Net packages sold (if tax-exempt, enter in Unstamped Packages) (complete Schedule C)...
7. Packages returned to manufacturer.....
8. Balance on hand (line 5 minus lines 6 and 7).....
8a. Actual inventory as of _____ (explain any difference between 8 and 8a) ►

UNSTAMPED
PACKAGES

STAMPED PACKAGES

Kentucky

Other States
(enter name(s) below)

Total of
Stamped Packages

(a)

(b)

(c)

(d)
(a) + (b) + (c)

SECTION II—Stamp Reconciliation

9. Balance on hand first day of month.....
10. Total purchased during month.....
11. Total (add lines 9 and 10).....
12. Total affixed during month (must agree with line 4).....
13. Balance on hand (line 11 minus line 12).....
13a. Actual inventory as of _____ (explain any difference between 13 and 13a) ►

SECTION III—Cigarette Enforcement and Administration Fee

14. Total stamps affixed during month (must agree with lines 4 and 12).....
15. Total fee due (line 14 of column(b) multiplied by \$0.003)

\$



AMOUNT DUE

► Complete each page and sign on page 3.



Attach check payable to **Kentucky State Treasurer** to this return and mail to **Kentucky Department of Revenue, Frankfort, Kentucky 40620** by the 20th day of the month following the month in which the cigarette transactions occurred.

SCHEDULE A—Packages of Cigarettes Received into Inventory

UNSTAMPED					
Date Received	Invoice Number	Invoice Date	Received From	If Purchased Directly from Importer, Provide Name of Importer. Also, Provide Custom Certificates or Entry Number.	Number of Packages
STAMPED					
Date Received	Invoice Number	Invoice Date	Received From	If Purchased Directly from Importer, Provide Name of Importer. Also, Provide Custom Certificates or Entry Number.	Number of Packages
Separate sheets may be used in lieu of Schedule A and attached to the report. ➤ TOTAL					

SCHEDULE B—Sales to Subjobbers—List names and addresses of all persons to whom Kentucky stamped cigarettes were sold on a “wholesaler to wholesaler” price basis during month. List any additional names on a separate sheet.

Name	Address

SCHEDULE C—Packages Sold to Tax-Exempt Agencies and Institutions—If necessary, list additional names on separate sheet and attach to this form.

Name	Address	Number of Packages	
		20's	Other (specify)
Total must agree with amount shown in column (a) on line 6..... ➤ TOTAL			

➤ **IMPORTANT:** ☐ I agree to allow the Kentucky Department of Revenue or the Attorney General to release to the manufacturer information which I have provided on page 4 of Revenue Form 73A420, Monthly Report of Cigarette Wholesaler, about cigarettes purchased from the manufacturer. I understand that this information might ultimately become part of an official court record if an enforcement action is taken against that manufacturer.



I, the undersigned, declare under penalties of perjury that I have examined this return, pages 1 through 4 and to the best of my knowledge and belief, it is true, correct and complete.

Print Name _____

Title or Position _____

Signature _____

Date _____

E-mail Address _____

Telephone Number () _____

SCHEDULE D
WHOLESALE'S MONTHLY REPORT OF NONPARTICIPATING MANUFACTURER CIGARETTES
STAMPED FOR KENTUCKY

WHOLESALE	CITY	LICENSE NUMBER	FOR MONTH/YEAR
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INSTRUCTIONS:

List the **nonparticipating manufacturer** for each brand that was stamped with a Kentucky cigarette stamp during the month. This should be done by all wholesalers. If the cigarettes were not purchased directly from the manufacturer, that information may be obtained from the carton or pack of cigarettes. If the cigarettes were received from another wholesaler who has already affixed the Kentucky cigarette stamp, do not list on this report. If you do not stamp any cigarettes during the month from a **nonparticipating manufacturer**, enter "NONE" in the boxes. Complete all boxes required.

Attach a copy of all purchase invoices covering these shipments to this report.

Brand Name	Name and Address of Seller From Whom Brand Was Purchased <i>(If Different from Original Manufacturer)</i>	Nonparticipating Manufacturer's Name and Address	Nonparticipating Manufacturer Has a Qualified Escrow Account <i>(Indicate if Known)</i>		Number of Individual Cigarettes Stamped with a Kentucky Cigarette Stamp
			Yes	No	

The Kentucky Department of Revenue provides a current list of participating manufacturers on its tobacco Web site <http://revenue.ky.gov/business/tobaccotax.htm>. If you would like a copy mailed or need assistance, call (502) 564-6823.